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**** CONTINUING DATA *******

This application is a CIP of 09/433,449 11/04/1999 PAT 6,280,420
 and is a CIP of 09/434,036 11/04/1999 PAT 6,254,575
 and is a CIP of 09/619,190 07/19/2000 PAT 6,592,556
 and claims benefit of 60/254,506 12/08/2000
 and claims benefit of 60/275,810 03/14/2001 ABN
 and claims benefit of 60/275,886 03/14/2001
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**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
**** 07/27/2001**

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	STATE OR COUNTRY UT	SHEETS DRAWING 59	TOTAL CLAIMS 93	INDEPENDENT CLAIMS 11
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ADDRESS
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TITLE
SAFETY SHIELD FOR MEDICAL NEEDLES

FILING FEE RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of
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